

UPIQ Immunization Project

Fourteen medical practices from Utah, Davis, and Weber counties were recruited to participate in the Utah Pediatric Partnership to Improve Healthcare Quality (UPIQ) Immunization Project. A modified Comprehensive Clinic Assessment Software Application (CoCASA) audit was completed at each practice from September through November of 2007. Practices with immunization rates above 75% up-to-date for the 4:3:1:3:3:1 series were excluded from participation. The remaining 10 practices were randomized into Intervention and Control groups.

Initial in-office sessions were held at all intervention practices in March 2008. The sessions lasted for approximately one hour during breakfast or lunch. All providers and staff were invited to attend (attendance records for each visit available upon request). A UPIQ-trained community peer mentor physician and/or staff presented a brief (20-minute) educational module on challenges to providing immunization services and opportunities to improve office systems related to immunization services. The UPIQ Program Manager presented the results from the practices' CoCASA audit and facilitated the group discussion and action planning portions of the meeting. All staff members were encouraged to identify areas of their office systems where improvements could be made. The UPIQ Program Manager guided practices in developing an initial improvement plan and in identifying the next steps required for implementation. In addition, UDOH staff and peer mentors were on hand to answer questions and provide suggestions as practices discussed the strengths and weaknesses of their current systems.

Upon conclusion of the initial session, UPIQ provided practices with a summary of the discussion and the practices' improvement plan. Follow-up support and additional in-office sessions have been offered and provided based on each practice's needs and desires. Approximately 15 months after the start of the intervention, CoCASA audits will be repeated.

Women, Infants, & Children (WIC) One-Month Voucher Programs

Under the Tooele County Health Department one-month voucher (OMV) Program, a WIC participant who lacked an up-to-date immunization record was issued a food/formula voucher for a one-month time frame rather than the typical three-month period. One-month vouchers were issued until the client presented an UTD immunization record. The client had the option of receiving an immunization at the time of the visit, whereupon they received three months of vouchers the same day. Clients who were not UTD were sent priority messages through the WIC information system. Tooele WIC also extended business hours to accommodate clients who required immunizations. Due to lack of funding, data collection during 2007 was eliminated.

The Salt Lake Valley Health Department (SLVHD) implemented the *WIC/Imms Initiative* in 2007 with additional funding provided by Intermountain Healthcare and the Salt Lake County Council. The original project provided immunization vouchers to primary care physicians to offer to parents of children who did not have another payer method (e.g., insurance, VFC), hoping to keep children with their medical home. However, they had poor utilization of the free vaccine vouchers. This project also focused on children two years old and younger who were receiving WIC services. Children who are current on recommended vaccines are eligible to receive three months of WIC vouchers. Children who are behind on recommended vaccines have the option of receiving vaccines at the SLVHD immunization clinic (co-located with the WIC clinic) or receive one-month vouchers until the child is brought current on vaccines. The SLVHD is tracking approximately 1,100 children who are two and younger. For children who only receive their immunizations at the SLVHD, the coverage rate is 83%. For children who receive immunizations from additional providers, the coverage rate is 73%.

These Utah OMV programs were modeled after successful programs in other states and municipalities. Analysis of the Chicago OMV program indicated that UTD vaccination status for two-year-old children increased from 56% to 89%. Over the 15-month period of analysis, the percentage of children needing voucher incentives decreased from 51% to 12%.¹ The New Mexico Region 4 WIC program manager reports that, over a 10-year period, immunization rates for their clients increased from 35% to 91% following their OMV Program.

¹ Hoekstra EJ, et al. Impact of a large scale immunization initiative in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). JAMA, 280(13), 1143-7.